

## PART B - FEE(S) TRANSMITTAL

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2101 7990 03/12/2002

**BROMBERG & SUNSTEIN LLP**  
125 SUMMER STREET  
BOSTON, MA 02110-1618



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## Certificate of Mailing

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Timothy M. Murphy

(Depositor's name)

(Signature)

June 5, 2002

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/919,098      | 07/30/2001  | Etienne Pages        | 1611/A24            | 3270             |

TITLE OF INVENTION: APPARATUS FOR CRYOPRESERVATION AND RECOVERY OF RED BLOOD CELLS

| TOTAL CLAIMS | APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|--------------|----------------|--------------|-----------|-----------------|------------------|------------|
| 19           | nonprovisional | NO           | \$1280    | \$300           | \$1580           | 06/24/2002 |

| EXAMINER            | ART UNIT | CLASS-SUBCLASS |
|---------------------|----------|----------------|
| REIFSNYDER, DAVID A | 1723     | 422-041000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Bromberg &amp; Sunstein LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HAEMONETICS CORPORATION

BRAINTREE, MASSACHUSETTS

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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(Authorized Signature)

(Date)

6/5/02

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06/17/2002 MMHEB2 00000053 09919098

01 FC:142

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02 FC:195

300.00 DP

03 FC:561

30.00 DP

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